American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New Jersey Chapter

Early Childhood HEALTH LINK

Healthy Child Care New Jersey

Uniting Children, Parents, Caregivers and Health Professionals
New Jersey Edition • Volume 5: Issue 2 Fall 2006

Health and Safety Calendar

September

America on the Move Month

All across America people are stepping up to active living and healthy eating. Now you can too…
http://aom.americaonthemove.org/

Looking for some everyday ways to help your families live healthier and learn to make better choices? Become smarter at the Smart Spot and sign up for their free publication AND check out more ideas at
www.smartspot.com/smart_moves/

National Sickle Cell Month

Obtain information, resources for families, teachers, and health professionals on this comprehensive website. Download a coloring book for the kids or choose slides for a powerpoint presentation from the Sickle Cell Information Center. **www.scinfo.org.**
For NJ specific information & resources go to
www.state.nj.us/health/fhs/sicklecell.

Pediatric Cancer Awareness Month

Treatment of childhood cancer is one of modern medicine's success stories. Thirty years ago, few children with cancer lived, but now almost 75% are cured of their disease. Find out more…
www.candlelighters.org/septchildhoodcancermonth.stm

October

Halloween Safety Month

Everyone wants to have a safe and happy Halloween for themselves, their guests and their children. Using safety tips and common sense can help you make the most of your Halloween season and make it as enjoyable for your kids as it is for you!
www.halloween-safety.com

The following sites have useful and user friendly safety information for your use and distribution to families:
www.redcross.org/services/hss/tips/october/octtips.html and
www.cpsc.gov/cpscpub/pubs/hallow.html

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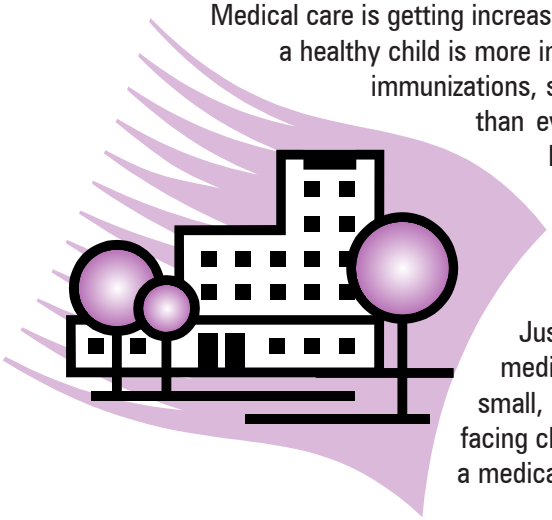
What is a Medical Home?

ELAINE DONOGHUE, MD, FAAP

You may have heard the term **MEDICAL HOME** and wondered what it meant. A medical home combines place, process and people.

PLACE	**a central place where pediatric care is provided and medical information is maintained.**
PROCESS	**the medical needs of the child are understood, care is coordinated, and community resources are utilized.**
PEOPLE	**the staff know the patient, listen to the family, and help explain the child's health needs to others.**



Medical care is getting increasingly more complex and even caring for a healthy child is more involved than in the past. We have more immunizations, screening tests and medical monitoring than ever before. And that's just for healthy kids! Studies show that 13% of children have special health care needs and their medical care is even more complex by definition.

Just like our own personal homes, not all medical homes are alike. They can be big or small, simple or complex, well-functioning or facing challenges. There are different roles that a medical home can play, such as:

- Coordinating care for children with special health care needs. This might involve completing the Universal Child Health Record (UCHR) and suggesting adaptations to the child's activities, diet, daily routine or environment. The UCHR might specify administering medication on a daily basis or keeping medication on hold for emergencies. It may involve completing a health needs care plan for a more medically needy child.
- Serving as a resource for health issues. The child's medical home may have information on injury prevention, nutrition, infection control or developmental milestones. Pediatricians might give child-specific information, or they might be willing to serve in a broader role as a medical director to review policies.
- Counseling parents on choosing quality child care.
- Assessing children with concerning behaviors or possible developmental delays and referring them for further evaluation.
- Evaluating ill children and advising about appropriate guidelines for return to child care.

Continued on page 2

Medical Home *(cont.)*

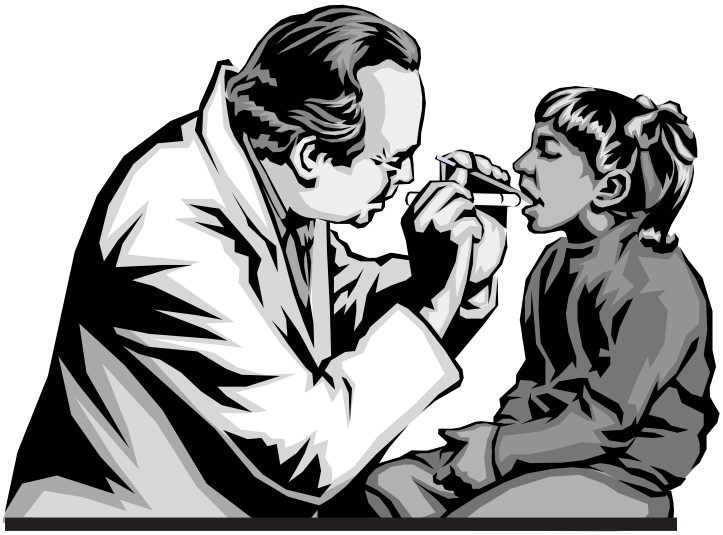
Why should pediatricians and child care providers collaborate? Good communication is essential to:

- Improve child health
- Promote healthy lifestyles
- Share concerns about an individual child's development or behavior
- Identify lapsed immunizations
- Pick up illnesses early

HERE IS AN EXAMPLE OF HOW A MEDICAL HOME COULD FUNCTION IN AN IDEAL SITUATION: Suzy Cue is a two year old girl with Down's Syndrome who will be enrolling into a local child care center. Suzy has been healthy and her parents want her to socialize with other children, but they have concerns about this life transition.

They made an appointment at their medical home to fill out the Universal Child Health Record (UCHR) together with their pediatrician who has cared for Suzy since birth. They have a good rapport since their pediatrician was the first one to discuss Suzy's condition with them. Together they complete the UCHR and decide to explain that the scar on Suzy's chest is from a heart condition that has been completely corrected and now needs no special consideration. They note that Suzy has mild, intermittent asthma and can get a nebulized Albuterol treatment if necessary, but that she seldom needs such a treatment. The pediatrician gives Ms. Cue some asthma handouts to share with the child care center staff. Because of her Down's Syndrome, Suzy can have loose neck ligaments and should not do tumbling or other exercises that flex her neck. She has a tendency to gain weight easily and should not get too many sweets or high fat foods. The pediatrician had referred Suzy to the Early Intervention Program shortly after birth and suggested that Ms. Cue check to see if some of Suzy's therapies can take place at the child care center. Ms. Cue agreed to coordinate those inquires. Ms. Cue signed a release of information so the center director could talk to her pediatrician if they had any questions. The pediatric office receptionist copied the immunization record and attached it to the UCHR for Ms. Cue to bring to the child care center director.

Maintaining any home takes work and the medical home is no exception. When things work well, the result is good communication between parents, health care providers and child care providers and better care for kids.



PLAY Activity Card

Hula Hoops and Target Practice

BENEFITS

Physical: Upper body strength, eye hand coordination
Cognitive: Preparation for reading, writing and counting
Emotional/social: Accomplishment and working as a team

Age: PreK+
Space: Outdoors
Materials: Tree, rope or bar for hanging a "target" (aluminum pie plate), and a soft ball

- **Hang an aluminum pie plate from a low branch as a target for ball throwing.**
- **Children take turns, create teams, and throw a soft ball at the target.**
- **Children count the number of hits.**
- **Older children can learn how to tally the score by making marks for each hit.**
- **Kindergarten and 1st graders can learn how to make sets of 5 marks, and in this way, eventually learn to count by fives.**

Hint: *Make a soft ball by rolling up one old sock into another!*

Health and Safety Calendar *(cont.)*

October *(cont.)*

National RSV Awareness Month

Respiratory Syncytial Virus or RSV is a common yet potentially deadly virus for newborns, especially preemies, and young children. Learn how to protect those children in your care who might be at risk by going to: **www.marchofdimes.com/pnhec/298_9546.asp** and while you are at it, check out **www.preemiecare.org/rsvfaq.htm** for additional information and support services.

November

November 3 and 4: NJAEYC Annual Conference in Atlantic City. For details go to **www.njaeyc.org**

National Healthy Skin Month

Parents and providers can gain information regarding the many skin conditions children may have in addition to ideas for sun safety activities for the kids. **www.aad.org/public/Parentskids/default.htm**

Prematurity Awareness Month

The March of Dimes is truly the place to glean information ranging from what to do before and during pregnancy, to signs of preterm labor, birth defects, and even resources and an online community for parents of preemies at **www.marchofdimes.com**. Other wonderful websites for additional information, support, and resources for parents of premature babies are **www.keepkidshealthy.com/newborn/premature_babies.html** and **www.prematurity.org**.

Happy Healthy Halloween

Kathy Stansfield, RD, Nutrition Consultant

Pumpkins, costumes, parades, and fun; Halloween is a favorite holiday for children of all ages. All the sweets and candy are not necessarily a favorite for parents and caregivers. The challenge is to keep it fun without compromising good nutrition.

It is important for parents to set the rules regarding candy before the parties and trick or treating occurs. Decide when and how much candy will be allowed. It is also a good idea to check with school or the child care provider regarding their policy on Halloween parties and treats. It is best not to overdo it on Halloween Day! Remember to give your children a healthy meal or substantial snack before they go trick or treating.

After trick or treating, consider letting the kids pick out 10 to 20 pieces of candy to keep. The rest of the candy can be brought to work to share or donated to a local senior center or other organization. Check your local newspaper as some organizations will collect Halloween candy to send to the troops overseas. Your child can feel great about sharing with others. You can also consider trading Halloween candy for a toy or money. This can be very motivating for some children.

When giving out candy, remember that children get more than they need. The small fun-size or snack size pieces are the best to give out. Some alternative treats to consider would be individual hot cocoa packets, individual microwave popcorn bags (for older children), small juice boxes, or individual bags of animal crackers or cheese crackers, chocolate covered raisins or nuts, or trail mix.

If you are having a party at home or school, be creative with some healthy foods. Apple slices with caramel dip or pumpkin cookies *(see recipe below)* will taste good and provide some nutrients as well.

When your child asks for some candy as a snack, consider serving it along with something nutritious like milk or a piece of fresh fruit. **Remember to have fun and be safe this Halloween season.**

Yummy Pumpkin Softies **From Connie Evers, www.nutritionforkids.com**

These cookies are more like muffins in texture. Low in fat and packed with nutrition, you can feel good about serving these whole-grain cookies to your child.

Ingredients:

1/2 cup firmly packed brown sugar
1/2 cup (1 stick) margarine or butter, softened
1 can (15 ounces) pumpkin
2 eggs
2 1/2 cups whole wheat flour
1 teaspoon baking powder
1/2 teaspoon baking soda
1 teaspoon ground cinnamon
1/2 teaspoon salt
1/8 teaspoon ground nutmeg
Vegetable cooking spray
Optional garnishes: *raisins, dried cranberries, sliced or slivered almonds, peanuts, chopped prunes or apricots.*

Preparation:

Heat oven to 350°F. In mixer bowl, beat together sugar and margarine until creamy. Add pumpkin and eggs; beat well. In medium bowl, combine flour, baking powder, baking soda, cinnamon, salt and nutmeg; add to pumpkin mixture, mixing until dry ingredients are moistened. Lightly spray baking sheets with vegetable cooking spray. Drop dough by rounded measuring tablespoonfuls onto prepared pans. If desired, smooth tops of dough with back of spoon and decorate with dried fruits or nuts to make faces or other fun patterns. Bake 15 to 18 minutes or until bottoms are golden brown. Remove to wire racks; cool completely. ***Servings: About 3 1/2 dozen***

Web Wandering:

If you've never stumbled onto **www.kidshealth.org**, you have never been anywhere on the internet! This site is one of the MOST comprehensive children's health sites on the web, if not THE MOST comprehensive. A project of the Nemours Foundation, the site has over 30 educational partners. These renowned organizations have teamed up with KidsHealth to present doctor-reviewed, up-to-date online information for families about children's health.

From the home page **www.kidshealth.org**, you can choose to travel on one of three main paths: **Parents** - for practical parenting information and news; **Kids** - for homework help and to find out how the body works; and **Teens** - for answers, advice, and straight talk. In each of the three sections there is English and Spanish information on literally everything you can think of.

From the Parents path, you can then go to **"Doctors and Hospitals"** to gain information on finding a doctor, preparing your child for a hospitalization, your child's chronic disease or condition, and so much more. How about those blood tests they do at the doctor's office? What are they for? The section on **"Medical Tests and Exams"** can guide you through what the tests may be for and the questions for parents to ask.

As a nurse, I have always appreciated the educated parent. Parents should be the child's primary health advocate and do their homework before and after speaking to health care providers.

Kids will find their page more colorful and font friendly. They can look up fancy medical words, learn about their bodies, and even look up grown-up health conditions. There is safety information, yummy recipes, and of course they have games! It is not a great site for kids unless it has games!

The Teen page is perfect for the teen who needs to know that they are not alone. Many of the concerns we all had can be addressed here-issues around body image, relationships, school stuff and jobs, etc. etc. etc. Where was the internet when we were teens???

If you haven't visited **www.kidshealth.org** recently, check it out today. There is something for everyone.

Partnering with Families: An Important Part of a Medical Home

Justine Foley, Child Care Specialist,
Catholic Charities, Diocese of Metuchen

Building relationships with families is a key to success in childcare, and leads to positive outcomes for children. When a family and child care provider form a partnership with the child's best interest in mind, they are able to work together to meet the many needs of today's children. But, how can child care providers be a part of a child's medical home?

In the **7 Habits of Highly Effective People**, (1989, Fireside), author Stephen R. Covey talks about having an emotional bank account, where one makes both deposits and withdrawals with others. When applied to child care, one might consider the conversations and interactions we have with parents as either a deposit or withdrawal.

Each time we keep a parent informed, follow through on a promise, or share an anecdote about their child, we are making a deposit. And alternately, when we forget to inform, don't follow through, or perhaps have to approach a sensitive or difficult situation, a parent might perceive our actions as a withdrawal. Parents and Providers should be aware of their emotional bank balance with each other, taking care to keep a positive balance!

With a positive balance, providers can be of assistance to families in the medical home environment. Providers can share with parents, observations about how their child is changing and progressing. In addition, a provider can help the family formulate questions to bring to their health care provider, and point the family to outside resources, such as family support groups.

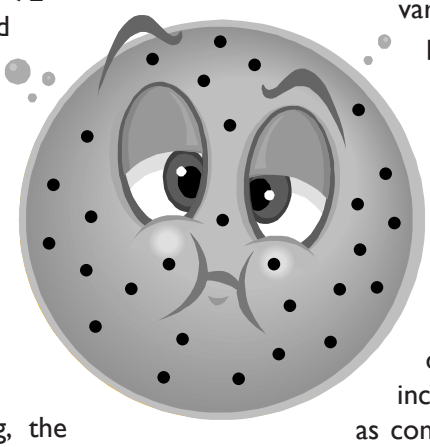
Teachers and Family Child Care Providers can help to prepare young children for doctor office visits by imbedding learning activities into the curriculum. Caregivers can turn the dramatic play area into a doctor's office by adding simple props. In this way, children can be encouraged to work through their apprehension through play. Further, one can add books to the library, and consider creating a lending library for families. You can include resources, such as books and videos that parents can borrow.

In these ways, caregivers continue to build upon their relationships with families, by keeping a positive, trusting relationship, as a part of the child's medical home. Still not sure how you can be a part of a child's medical home? Contact the Child Health Consultant Coordinator in your county for guidance as to how you can best assist the families in your care.

News about Varicella (Chickenpox) Vaccine

Suzanne Miro, NJ Department of Health & Senior Services, Communicable Disease Services

Before licensure of the varicella vaccine in 1995, each year there were about four million cases of varicella, 13,500 hospitalizations and 150 deaths. Cases of varicella have continued to decline by 80-85% since the vaccine licensure. From 1995 to 2001, varicella hospitalizations declined by 72 percent, and deaths among those 50 years old and younger decreased by 75 percent or more. In recent years, however, varicella outbreaks have occurred among vaccinated school children. During these chickenpox outbreaks, between 11 and 17 percent of vaccinated children developed varicella. Varicella in vaccinated children is usually mild, but the children are contagious and can transmit the virus to others, including parents and other care givers who are at higher risk.



During the recently concluded June meeting, the Advisory Committee on Immunization Practices (ACIP) voted to recommend a second dose of varicella vaccine for children aged 4-6 years to further improve protection against the disease. The first dose of varicella vaccine is recommended at the age of 12 to 15 months. The ACIP also recommended that children, adolescents, and adults who previously received one dose should receive a second dose.

The ACIP also passed a Vaccines For Children (VFC) resolution to include the second dose of varicella in the VFC program. Fifteen to 20 percent of children who have received one dose of the vaccine are not fully protected and may develop chickenpox after coming in contact with varicella zoster virus. Additionally, one dose of the vaccine may not continue to provide protection into adulthood when chickenpox is more severe. A second dose of varicella vaccine provides increased protection against varicella disease as compared to one dose. Slide presentations and the full report from the ACIP meeting are posted at **www.cdc.gov/nip/acip**. The next ACIP meeting will be held at the CDC Global Communications Center in Atlanta, Georgia, on October 25-26, 2006.

Medication Administration Quiz

This is the last in a series of "quizzes" to help you assess how your child care facility is doing with being prepared to administer medications to the children in your care. Relax there is no grade or report card, just a series of suggestions that you can adapt for your facility. The "final exam" is seeing children in your care being healthy and safe.

WHAT SHOULD BE DOCUMENTED ABOUT THE MEDICATION DOSES THAT YOU ARE GIVING TO CHILDREN IN YOUR CARE?

1. **The dose?**
2. **The date and time given?**
3. **The amount given?**
4. **On a separate sheet for each child?**
5. **Any observations noted (like Johnny seemed drowsy after the medication or Suzi tried to spit it back at me!)?**

The answer to this should be "yes" on all counts. Paperwork is not the most fun part of any job, but it is critical when giving medications. There are many sample logs out there that you can use. Contact your county child care health consultant coordinator for more information about documenting medication and available medication administration training programs.

Policies and Practices for Asthma Friendly Child Care

Maris Chavenson,
Pediatric/Adult Asthma Coalition of NJ

A new asthma training program for child care center directors and family child care home providers has just recently been premiered in Newark, New Brunswick and Plainfield. By the end of the training participants will be able to: **1)** Define asthma, **2)** List five steps for controlling asthma in a child care setting, **3)** Identify asthma triggers in their child care setting, **4)** Outline a plan for reducing asthma triggers in their child care setting, and **5)** List five actions for Best Practice to create an asthma friendly child care setting.

This program will be offered at the New Jersey Association for the Education of Young Children (NJAEYC) Conference in Atlantic City in November 2006. *(See dates and contact information on page 3 of the Health and Safety Calendar)*. In addition, child care programs that send their staff to this program, as well as meet additional criteria, will be eligible to qualify for a new award - the **Asthma Friendly Child Care Setting Award**. The criteria and the steps to qualify for the award will be announced Spring, 2007. For more information visit **www.pacnj.org**.

Especially For Parents...

Why Do Children with Special Health Care Needs Need a Medical Home?

Lauren Agoratus, Parent and MCH Region II Coordinator for Family Voices

For years parents of children with serious, chronic, complex healthcare problems have been struggling with problems that parents of healthy children do not face. Because their children often require multiple services, they spend a lot of time in different offices and clinics coping with multiple sets of paperwork. Because their children's needs are medically complex, they must find physicians who are experienced and willing to work with them. In addition because their children's needs are medically complex and required services costly, they have to deal with health maintenance organizations too often reluctant to provide them and their physicians with the funding needed for adequate care.

The American Academy of Pediatrics (AAP), the federal Maternal Child Health Bureau (MCHB), and parent organizations such as Family Voices recognized these problems and worked to establish guidelines for improving healthcare for children and youth with special health care needs (CYSHCN) called **"the Medical Home"**.

An essential component of the medical home is care coordination and management because services for CYSHCN are frequently provided by multiple individuals and organizations that do not always know or easily communicate with each other. A **"care coordinator"** communicates with and among parents, primary care providers, hospitals, and specialists to ensure that everyone is up-to-date on the child's care and status; educates; and advocates for appropriate resources and the full range of quality care needed for the child or youth with special needs. Resources may not be limited to health services but may also include home supports like respite or nursing care.

In addition to coordination among health care providers, linking medical and child care/education services is essential for CYSHCN. According to the American Academy of Pediatrics, care coordination in the medical home includes a care plan, a central record or database, information-sharing, family support, evaluation of consultations, and linking to educational and/or community services. CYSCHN in child care must have a health needs care plan form CH-15 (see **http://web.doh.state.nj.us/forms/**). In addition, CYSHCN must have an Individual Health Plan to ensure appropriate care in the child care or education setting (see **www.spannj.org/Family2Family/individual_health_plan.htm**).

Goals of care coordination are to develop a proactive plan, increase access to services, facilitate communication, eliminate duplication of services, "optimize the physical and emotional health and well-being of the child", and "improve the child's and family's quality of life."

In conclusion, the Medical Home is mutually beneficial for professionals and families, and essential for the health and well-being of all children.

REFERENCES AND RESOURCES:

American Academy of Pediatrics Policy Statement on The Medical Home at **www.aappolicy.aapublications.org/cgi/reprint/pediatrics;110/1/184.pdf**

Exceptional Parent magazine, "Parents As Partners in the Medical Home Helping Children with Special Healthcare Needs" and **www.eparent.com**.

www.spannj.org/familywrap/familyvoices.htm

www.medicalhomeinfo.org and **www.brightfuturesforfamilies.org/materials.shtml**

For more information about Medical Home review Standards 2.055, 8.015, 8.050 and 9.034 in *Caring for Our Children, Second Edition*.

Sad Mommies, Slow Babies: Picking Up on Maternal Depression

Jean Mercer, Professor Emerita of Psychology, Richard Stockton College, Pomona, NJ

If you see a mother who seems to ignore her baby, to act irritable, or to seem just not to care, what do you think about her? Many people feel angry at a mother like that and would like to scold or punish her for acting cold, unconcerned, unresponsive, or even harsh toward her child. Child care providers usually feel they are "on the baby's side" and want to protect the child against a mother who seems so uncaring. But it may be that we should think again about our responses, because that "cold" mother may actually be suffering from the mental illness we call depression.

The State of New Jersey recently has been carrying out a program to educate doctors and nurses about depression in women during pregnancy and in the months after a baby is born-a condition sometimes called Perinatal Mood Disorder or PMD. This is a condition much more serious than the "baby blues" that most women get.

The signs and symptoms of PMD can go on for weeks or months after the birth. Women with PMD have little energy and do not take interest or pleasure in their babies. As a result, their babies get little stimulation to help them develop. Most babies have many experiences of sharing smiles, sounds, and gestures with their mothers, but PMD mothers don't respond much, so their babies have little experience with back and forth communication. As such, these babies are slow to develop ways of playing and interacting with others, and their language development can be poor. If we could treat the mothers' emotional condition, we could prevent a lot of developmental problems among their children.

How can child care providers help? One way is to understand that the mother's PMD may be responsible for a baby's slowed development. The baby may not have any serious basic problem, but has simply not had much attention-and some extra attention at the child care center may be really helpful. Another way is to understand the mother's condition and to realize that she needs as much friendly support as possible, and not be blamed or lectured to about the way she deals with her baby. The depressed mother already feels worthless and guilty, and more guilt only makes it harder for her to respond to her child.

Child care providers can have an important role to play in working with PMD, because they see mothers and babies so much more often than doctors do. It certainly is not the job of a child care provider to diagnose or to treat a depressed mother. But an experienced child care provider may be able to ask a few simple questions that would help identify depression, and then, depending on the answers, suggest that a mother might need to talk to her doctor about her mood. Two such questions are: "During the past month, have you often been bothered by feeling down, depressed, or hopeless?" and "During the past month, have you often been bothered by feeling little interest or pleasure in doing things?" A mother who answers "yes" to these questions might benefit from a suggestion to talk to her doctor-especially if child care staff are concerned about her baby's development.

Mothers with PMD can effect their children's development, but it is important to realize that only a very tiny proportion of young mothers will harm their babies directly. People like Andrea Yates, who drowned her five children, have more serious disturbances than PMD. Their disorders go beyond sadness and guilt, and may involve hearing voices that tell them to hurt the child. Child care providers should be aware that it is unlikely that a mother who is depressed will deliberately harm her child, but she may not understand her own condition and may be afraid that she will do something harmful.

For more information about Perinatal Mood Disorders, you can go to **www.njspeakup.gov**.

CDC ADVISORY COMMITTEE EXPANDS SEASONAL INFLUENZA VACCINATION RECOMMENDATIONS

(As reported in the NAEYC electronic newsletter, August 6, 2006)

The U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) is now recommending that routine influenza vaccination for children be expanded to include children 2 to 5 years of age. The previous recommendation was for children six months to 23 months. Also included in these recommendations, the CDC advisory committee recommends that household contacts of children 6 months to five years of age be vaccinated, as well as all caregivers to children in this age group. Improved immunization rates in household contacts of the recommended age groups may help reduce the overall burden of influenza among children. Visit the CDC site for more information. **www.cdc.gov/flu**.

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New Jersey Chapter

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This newsletter is not a substitute for the advice of a health care provider and should not be relied on as such.

Letter from the Directors:

The focus of this quarter's edition of Health Link is **"Medical Home"**, a term that might be unknown to you. Terms such as the child's primary care provider, physician, pediatrician, or doctor are much more familiar. Why so much talk about "Medical Home"?

Communication is key and essential to assure the health and safety of children while they are away from their parents in the care of others. Webster's Dictionary defines communication as: "a giving or exchanging of information, signals or messages as by talk, gestures or in writing; close sympathetic relationship." What is obvious from these definitions is that communication is a two-way street, and relationship-based.

Assuring the health and safety of children in child care begins with policies that support children's healthy growth and development and includes a strong philosophy of parent involvement. Basic to healthy growth and development is ongoing preventive health services through a "Medical Home". Admission to child care requires the completion of the "**Universal Child Health Record** (Department of Health and Senior Services Form CH-14) or its equivalent, **updated annually**, along with an **immunization record** in accordance with the provisions of N.J.A.C. 8:57-4.7 and 4.7, and a **special care plan**, if applicable."

The words **bolded** above are to identify areas that require open and ongoing communication between and among parents, the child's Medical Home, and the child care provider. The CH-14 needs to be completed entirely with special emphasis on all preventive health screenings listed at the bottom of the form, make sure that the immunization record comes with the CH-14, and that a special care plan is included to address any of the special health care needs that the child might have. AND, yes, the information needs to be updated at least annually because a child's health needs change and information about those changes affect what is needed to assure the child's healthy growth and learning.

Questions or concerns about the Medical Home and the child's required health records can be addressed by contacting the county Child Care Health Consultant Coordinator or the public health nurse in your community with whom you may already have a relationship.

Jon S. Corzine
Governor

Fred M. Jacobs, M.D., J.D.
Commissioner

This newsletter and previous editions are available on line at www.state.nj.us/health/fhs. Any part of this newsletter can be duplicated and shared with colleagues, friends, and parents of children in your care.

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